Lehigh Carbon COMMUNITY COLLEGE

FOR OFFICE USE ONLY

Date: _____

Initials of Staff: _____

STUDENT CHANGE OF INFORMATION FORM

USE BLACK INK ONLY

ID# L_____ Date of Birth_____

Change of Name

NEW NAME	FORMER NAME
* _____ Last Name First Middle/Maiden	* _____ Last Name First Middle/Maiden
Preferred First Name (optional) _____	
*Proof of Name Change Required (Driver's License, Marriage Certificate, or Court Order)	

Change of Phone Number or Email

Home Phone Number _____

Cell Phone Number _____

New Email _____

Change of Address

NEW ADDRESS	FORMER ADDRESS
_____ Street	_____ Street
_____ City _____ State _____ Zip	_____ City _____ State _____ Zip

If change of address only, please submit form(s) to the Business Office by Fax 610-799-1566, mail, or in person. Change of address will require a new Statement of Residency Form for the student enrolled in credit courses.

_____ Signature _____ Print Name _____ Date

The College will not discriminate against any employee, applicant for employment, student, or applicant for admission on the basis of gender, gender identity, gender expression, sex, race, ethnicity, color, national origin, religion, age, disability, veteran or military status, genetic information, family or marital status, sexual orientation, or any other protected class under applicable local, state, or federal law, including protections for those opposing discrimination or participating in any grievance process on campus or within the Equal Employment Opportunity Commission or other human rights agencies. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. Inquiries about this policy and procedure may be made internally to the Director of Human Resources/Title IX/Equity Coordinator, Office of Human Resources, 4525 Education Park Drive, Schnecksville, PA 18078, 610-799-1107. PERM33-c (8/1/18)